

Name in Full

Certificate of Death

George W. Alexander

Town

County

Died at

MARYLAND

Date 1906 Month 2 Day 14 Y. 77 M. 6 D. — Native of md Occupation lock tender  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Widower ☐  
 Number of children living 1

Husband of Margaret Alexander  
 Wife of Mr. Alexander  
 Father's Name Mr. Alexander Mother's Name Rebecca Alexander

Cause of Death { Primary Apoplexy Immediate Stroke How long sick 3 yrs  
 Accident, Suicide, Homicide

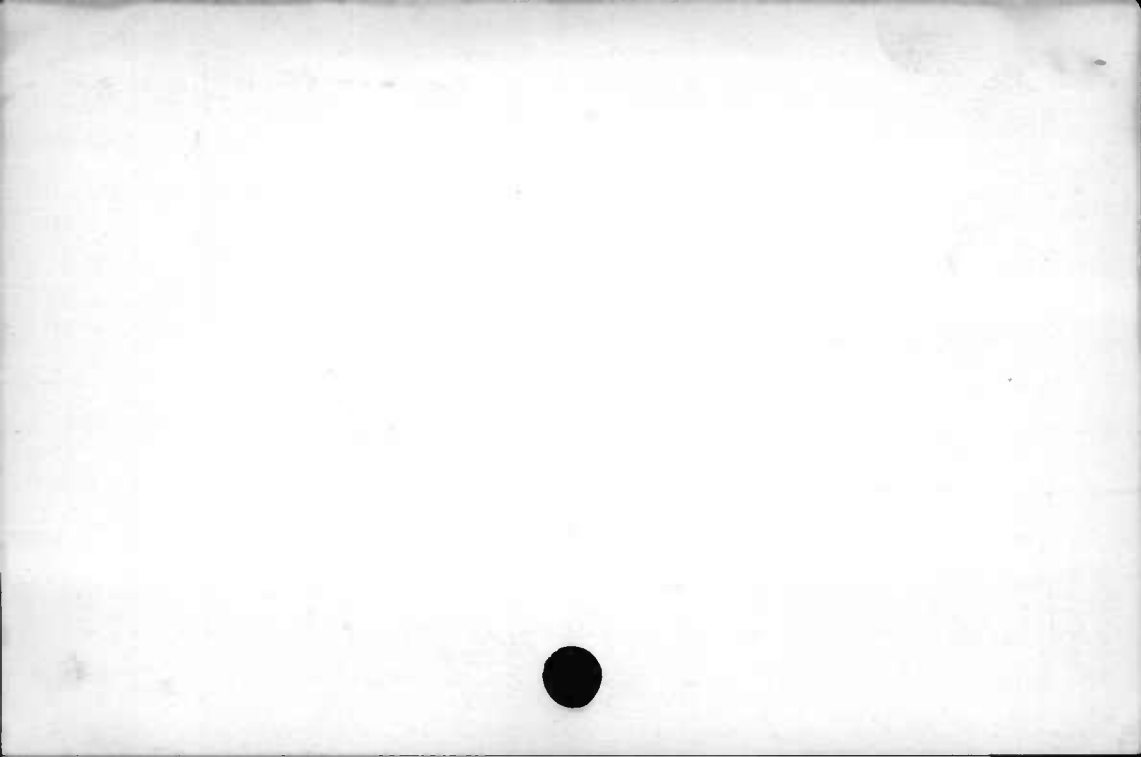
Reported by J. J. Conley  
 Address Chesapeake

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

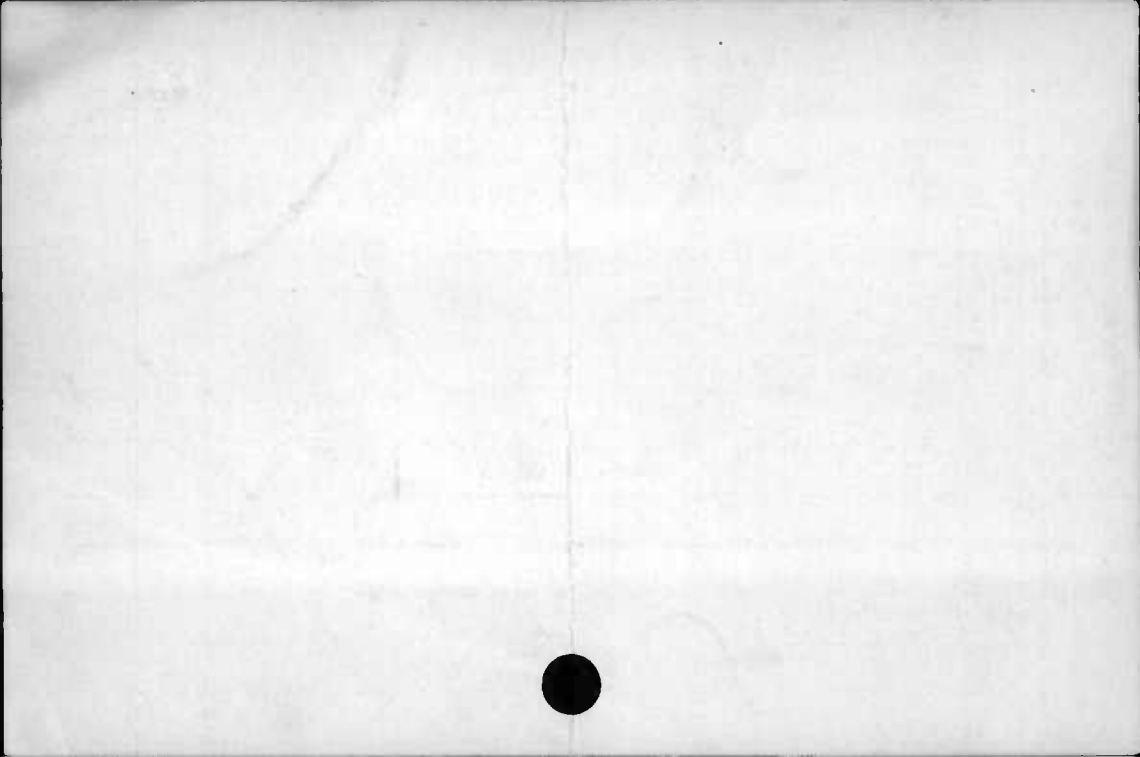
LIBRARY BUREAU, 55968

John L. Lupton

Name in Full		Henry H. Brady				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Chesapeake City		County Cecil		MARYLAND
	Date of death	1906	Month	2	Day	9	Age
					Years	75	Months
							Days
	Sex	male	Color or Race		white		Birth-place
							Dal
Occupation		Retiree		Where Residing if not at place of death		Chesapeake City Md	
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband		Julia Martin Brady			
Father's Name		James Brady				Father's Birthplace	
						Dublin Ireland	
Mother's Maiden Name		Margaret McCrone				Mother's Birthplace	
						Dublin Id	
Name of person giving information		Mr Charles Cook				How related to deceased	
						Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Arterio Sclerosis & Cerebellar ataxia				How long
							2 1/2 years
	Immediate		Exhaustion				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		W. O. Hersner, M.D.		
		Address		Chesapeake City Md			
Accident or Suicide?							



Name in Full		Rachel Cunningham				Cot. Dist.		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Pylora	County Cecil		MARYLAND			
		Date of death		Feb 18 1906	Month Feb	Day 18	Age 73	Years	Months	Days
		Sex		female		Color or Race		white		Birth-place
		Occupation		housewife		Where Residing if not at place of death		Principio		
		Married, Single or Widowed		Widow		Name of Wife or Husband		William Cunningham		
		Father's Name		Andrew Egan		Father's Birthplace				
		Mother's Maiden Name		Esther Corbett		Mother's Birthplace				
		Name of person giving information		Hannah Tier		How related to deceased		Niece		
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary		Metastatic Insufficiency		How long		Some years		
		Immediate		Heart Enlargement		How long		A few days		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Jones				
				Address		Rumney, N.H.				
		Accident or Suicide?								



Name  
in  
Full

Andrew J. Dails

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Chesapeake City*

County

*Cecil*Date  
of death *1906*

Month

*2*

Day

*19*

Age

Years

*74*

Months

*11*

Days

*+*

Sex

*Male*Color or  
Race*White*Birth-  
place*Wagons Delam*

Occupation

*Pilot*Where Residing if not  
at place of death*at home in Chesapeake City*Married, Single  
or WidowedName of Wife or  
Husband*X*Father's  
Name*don't know*Father's  
Birthplace*don't know*Mother's  
Maiden Name*Rebecca Morton*Mother's  
Birthplace*Wagons Delam*Name of person giving  
information*Mrs Addie Bristol*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Paresis*

How long

*8 years*

Immediate

*Exhaustion*

How long

*X*Are the name, age, sex, color, date  
and place correctly given above?*I shall be*Signature of  
Physician*W. C. Harsner*

Address

*Chesapeake City, Md*

Accident or Suicide?





Name  
in  
Full

William Y. Etherington

## CERTIFICATE OF DEATH

MARYLAND

Died at *Near Cecilton*

Cecil

Date  
of death 1906Month  
2Day  
4

Age 64

Months

Days

Sex *Male*Color or  
Race*White*Birth-  
place*Cecil Co., Md.*

Occupation

*Farmer*Where Residing if not  
at place of death~~Married, Single~~  
or Widowed*Widower*Name of Wife or  
HusbandFather's  
Name*Samuel Etherington*Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information*May Etherington*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Cancer of Liver*

How long

*10 months*

Immediate

How long

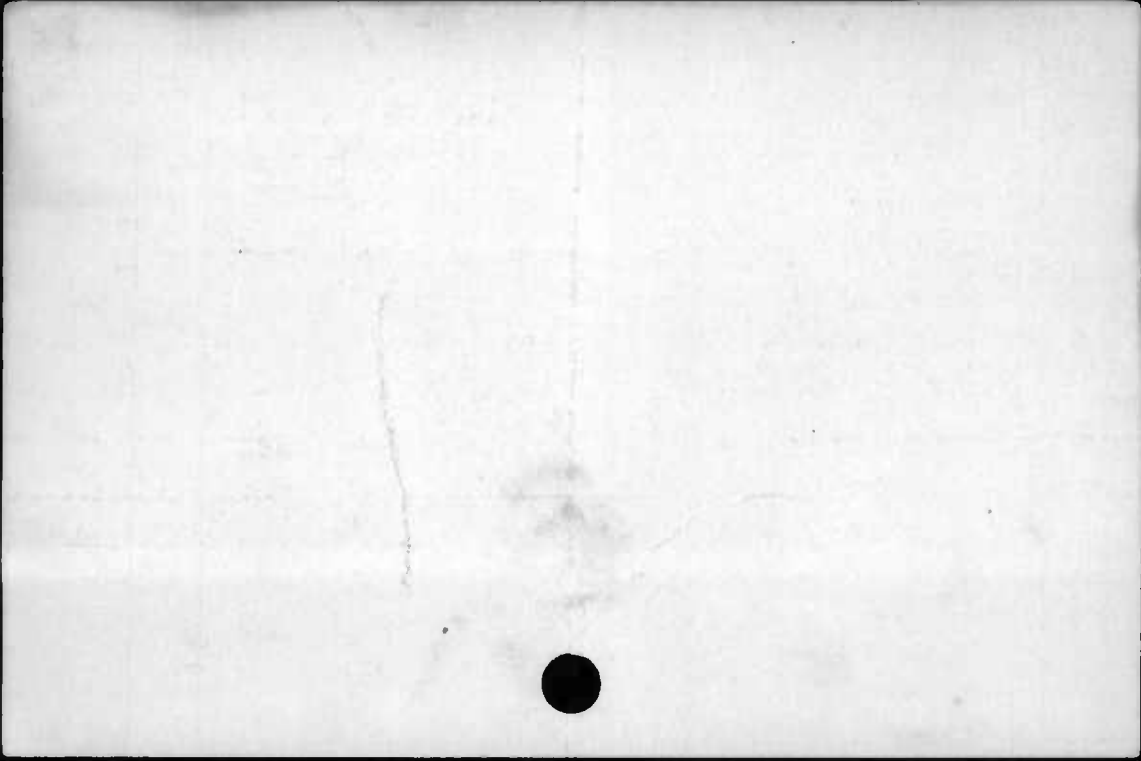
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*E. W. Brantford*

Address

*Cecilton*

Accident or Suicide?

*Md*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Maria Foltz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Near Gion</i>		County <i>Cecil</i>			
Date of death <i>1906</i>	Month <i>2</i>	Day <i>12</i>	Age <i>66</i>	Months <i>3</i>	Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bethlehem Pa.</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Near Gion Md.</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Foltz</i>				
Father's Name <i>Daniel Demier</i>	Father's Birthplace <i>Penn.</i>				
Mother's Maiden Name <i>Maria Demier</i>	Mother's Birthplace <i>New Jersey</i>				
Name of person giving information <i>Turner Foltz</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*La Grippe*  
*Paralysis*

(10)

How long

*Four days*

Immediate

How long

*Immediate*

Are the name, age, sex, color, date and place correctly given above?

*yes*

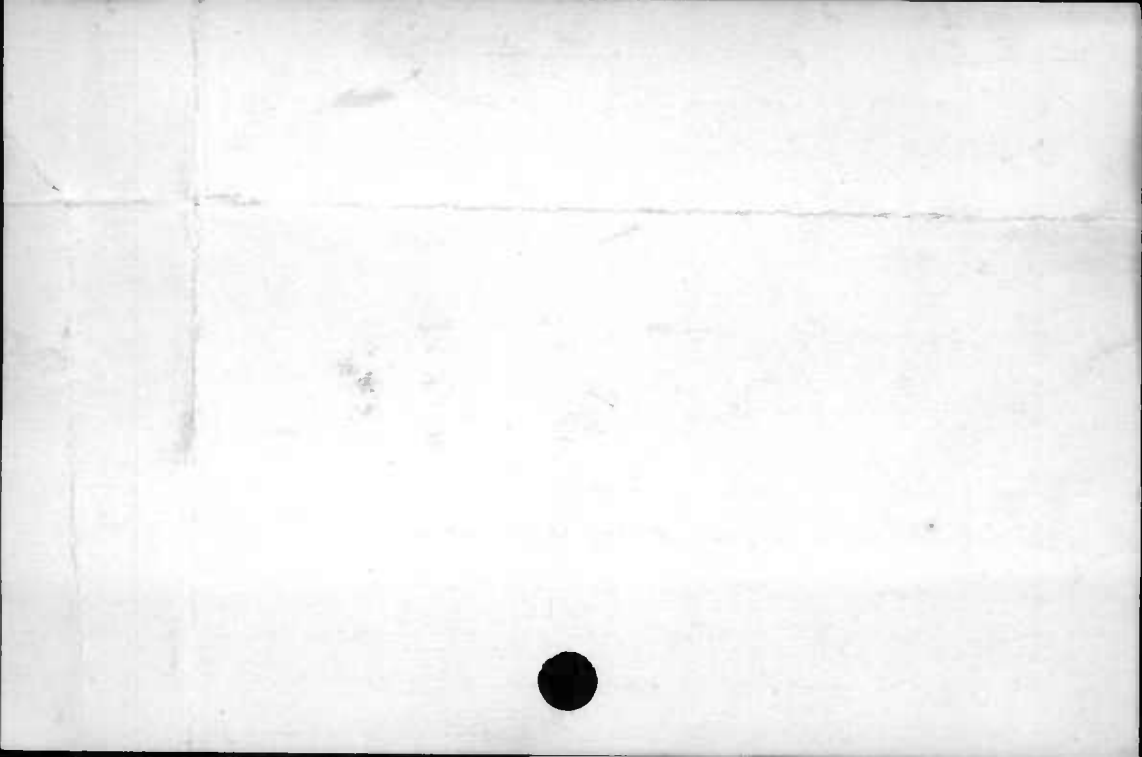
Signature of Physician

*W. H. Richardson*

Address

*Colomb*

Accident or Suicide?



### CERTIFICATE OF DEATH

## MARYLAND

Died at

Date \_\_\_\_\_

1906

Month

Day

Age

Years

Months

Days

Sex

Color or Race

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or WidowedName of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's Birthplace

Name of person giving  
In formation

How related  
to deceased

### CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

Address

### Accident or Suicide?

Garret Church Elk Neck

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

MARYLAND

County

Date of death 1906

Month

Day

Age

Years

Months

Days

Sex

Color or Race

White

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or Husband

Father's Name

**Father's Birthplace**

Mother's  
Maiden Name

Mother's Birthplace

Name of person giving information

How related  
to deceased

### CAUSES OF DEATH

Primary

How long

Immediate

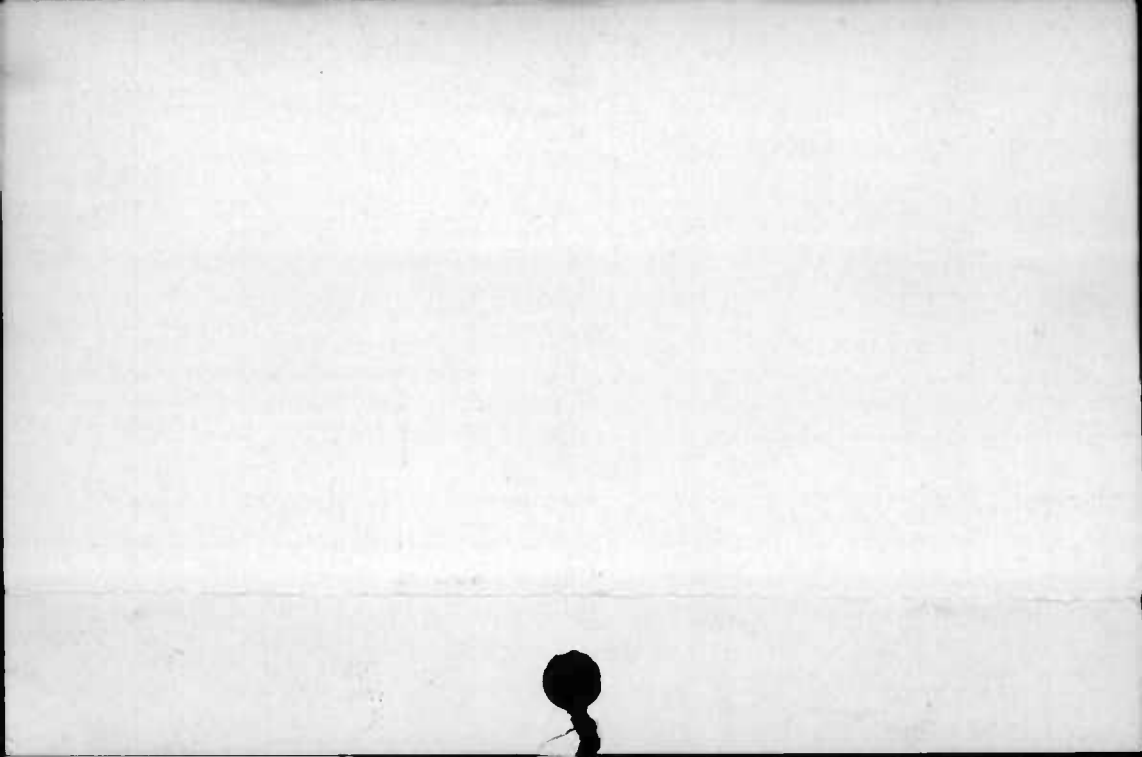
How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

Address

### Accident or Suicide?





Name  
in  
Full

Mary M George

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> New Ebor <sup>County</sup> Cecil

MARYLAND

Date of death 1906 <sup>Month</sup> 2 <sup>Day</sup> 4 <sup>Years</sup> Age 32 <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> IndOccupation Housewife <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Reese GeorgeFather's Name Thos Kincaid <sup>Father's Birthplace</sup> IndMother's Maiden Name Mary Long <sup>Mother's Birthplace</sup> IndName of person giving information Reese George <sup>How related to deceased</sup> Husband

## CAUSES OF DEATH

Primary Do not know <sup>How long</sup> Do not knowImmediate Compression of Brain <sup>How long</sup> 3 Hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Howard Brallum

Address Elkton Md

Accident or Suicide? No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

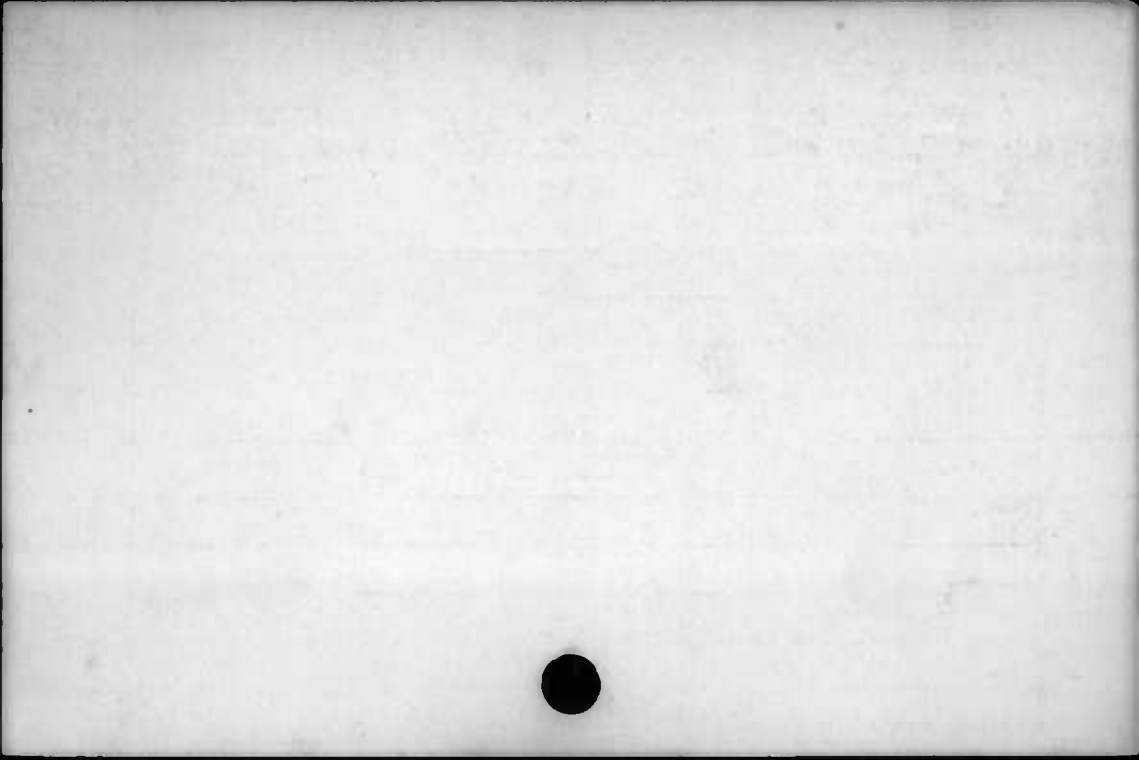
Baltimore,  
MarylandTO BE ANSWERED BY  
NEAREST FRIEND

Mrs Sarah H. Hashinger,  
 Died at <sup>Town</sup> Coatsville <sup>County</sup> Chester  
 Date of death 1906 2 9 Age 50  
 Sex female Color or Race white Birth-place Md.  
 Occupation N. W. Where Residing if not at place of death  
 Married, Single or Widowed married Name of ~~Wife~~ Husband William C Hashinger  
 Father's Name Frederick Recker Father's Birthplace Md.  
 Mother's Maiden Name Lavinia Hoover Mother's Birthplace "  
 Name of person giving information W. C. Hashinger (94) How related to deceased husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic Pleurisy How long  
 Immediate " " How long  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician Ida V. Rue, M.D.  
 Address Coatsville, Penna.  
 Accident or Suicide?



Name in Full *Granville S. Jeffries*

CERTIFICATE OF DEATH

MARYLAND

Died at *Rising Sun* Town *Cecil* County

Date of death *1906* Month *July* Day *25* Age *78* Years Months *7* Days *-*

Sex *Male* Color or Race *White* Birth-place *Chick County*

Occupation *None* Where Residing if not at place of death *Rising Sun*

~~Married, Single~~ ~~Widowed~~ Name of Wife or Husband *Cath. A. Howland*

Father's Name *Granville S. Jeffries* Father's Birthplace *East Co*

Mother's Maiden Name *Phoebe Howland* Mother's Birthplace *" "*

Name of person giving information *Mrs W. J. McDougall* How related to deceased *Daughter*

CAUSES OF DEATH

**154**

Primary *old age* How long *154*

Immediate *Exhaustion* How long *week*

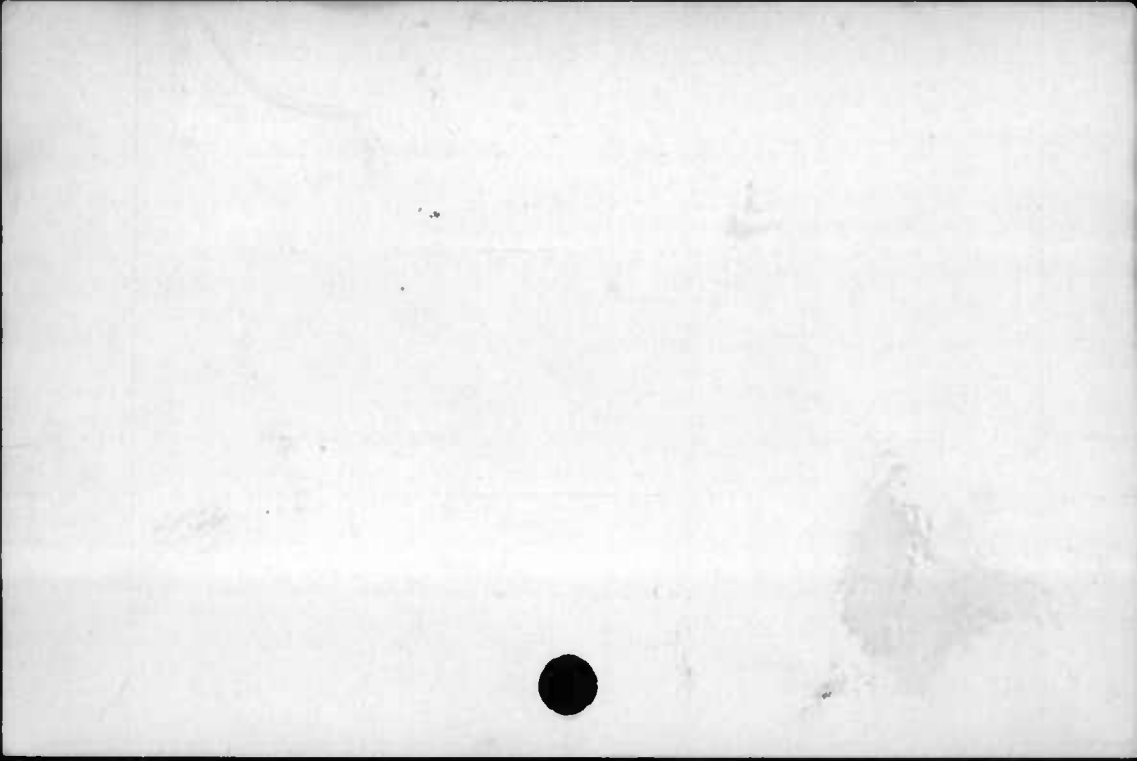
Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*Stansbury Allen*  
Address *North East Rising Sun*

Accident or Suicide?



*Elvis Jordan*  
 Town County

Died at *Conowingo Cecil*

MARYLAND

Date 1906	Month 2	Day 2	Age 27	Y. 15	M. D.	Native of us.	Occupation elmer
<del>Male</del>	White	<del>Married</del>	<del>Widow</del>	Divorced			
Female	<del>Colored</del>	Single	<del>Widower</del>	Number of children living			

Husband of  
 Wife

Father's Name  
 Mother's Maiden Name

Cause of Death { Primary *Exposure to Cold.* How long sick *11 days.*  
 { Immediate *Pneumo Pneumonia* (92)  
 Accident, Suicida, Homicide

Reported by *D M Regan M.D.*

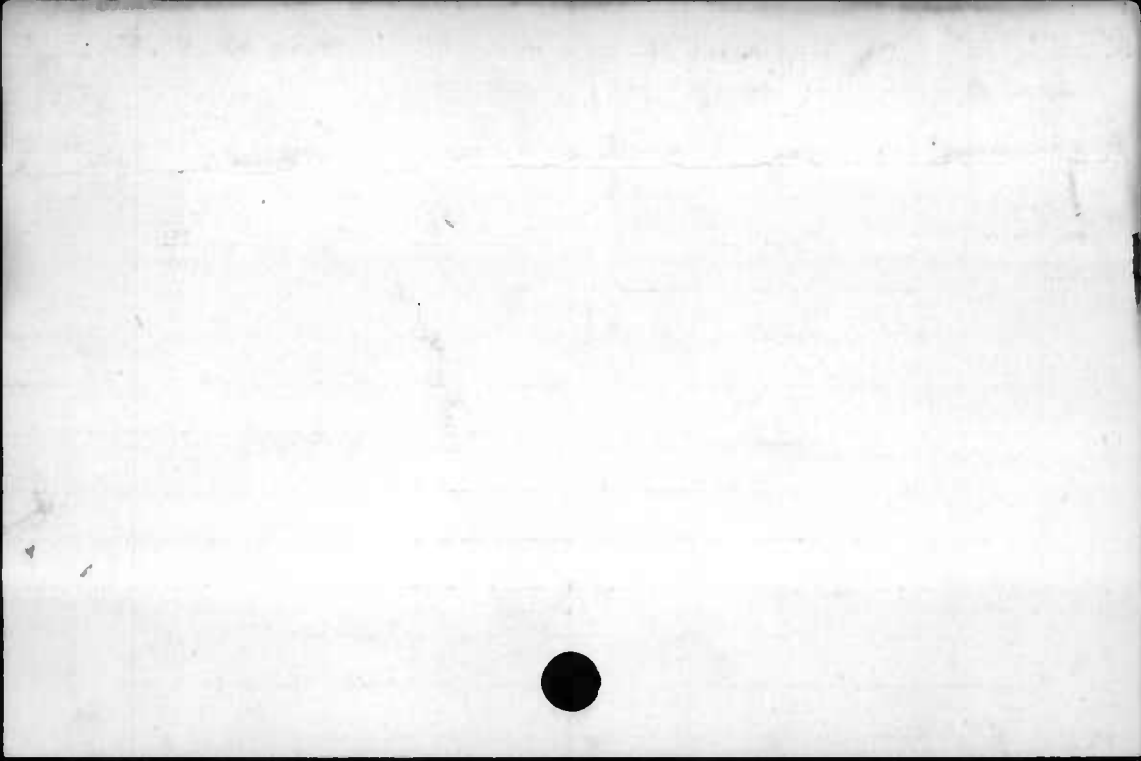
Address *Conowingo Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.





Name in Full		Laura Kirk				Doro		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND		
		Rising Sun Md.		Cecil						
Date of death		1906	Month 2	Day 7	Age 64	Years	Months 7	Days 3		
Sex		Female		Color or Race		White		Birthplace	Culvert Md.	
Occupation		Housewife		Where Residing if not at place of death		Rising Sun Md.				
Married, Single or Widowed		widow		Name of Wife or Husband		W. Kirk deceased.				
Father's Name		Charles Gaubatz.				Father's Birthplace		—		
Mother's Maiden Name		Rachel England.				Mother's Birthplace		—		
Name of person giving information		Clifford Kirk				How related to deceased				
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary				Pneumonia sanguis Abscess		How long		7 days
		Immediate				exhaustion.		How long		
		Are the name, age, sex, color, date and place correctly given above?				Yes		Signature of Physician		J. B. Green
						Address		Rising Sun Md.		
		Accident or Suicide?								



Name  
in  
Full

## CERTIFICATE OF DEATH

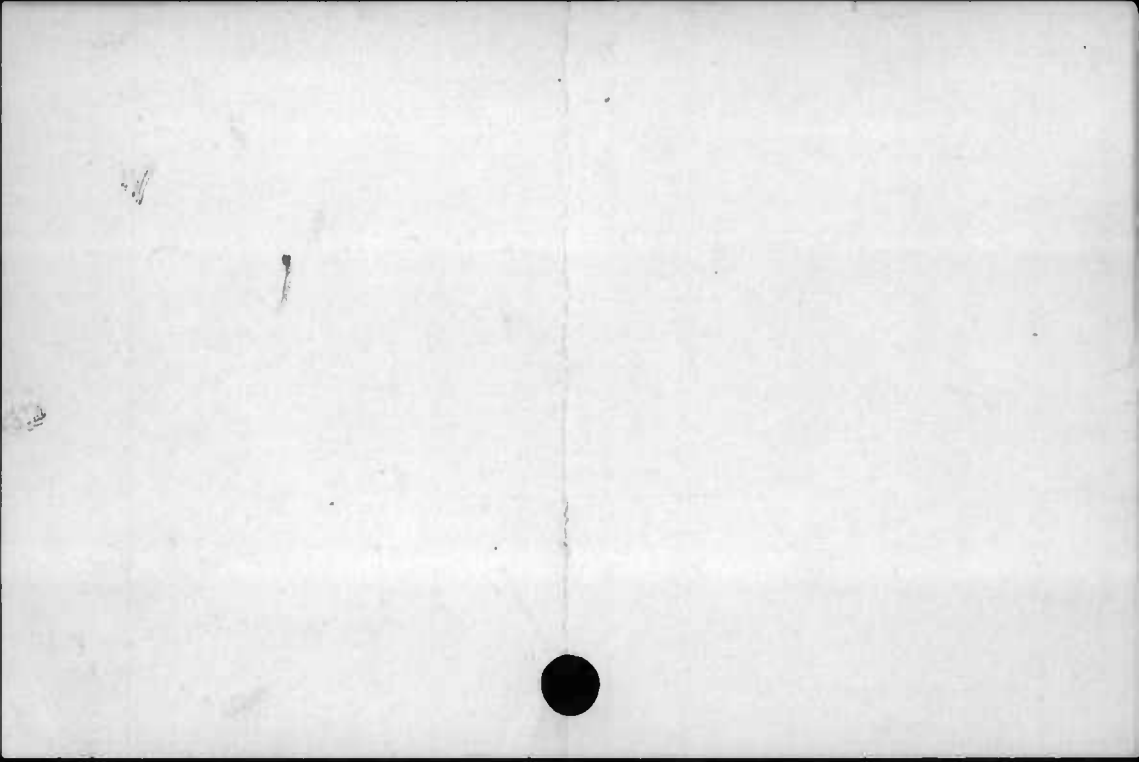
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wood Lawn</i> Town		County <i>Cecil</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb.</i>	Day <i>28</i>	Age <i>5-6</i>	Months <i>8</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Aileen Kirk</i>				
Father's Name <i>Robert - Aikin</i>	Father's Birthplace <i>Cecil Co</i>				
Mother's Maiden Name <i>Mary Jackson</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>John Robert Kirk</i>	How related to deceased <i>Son</i>				

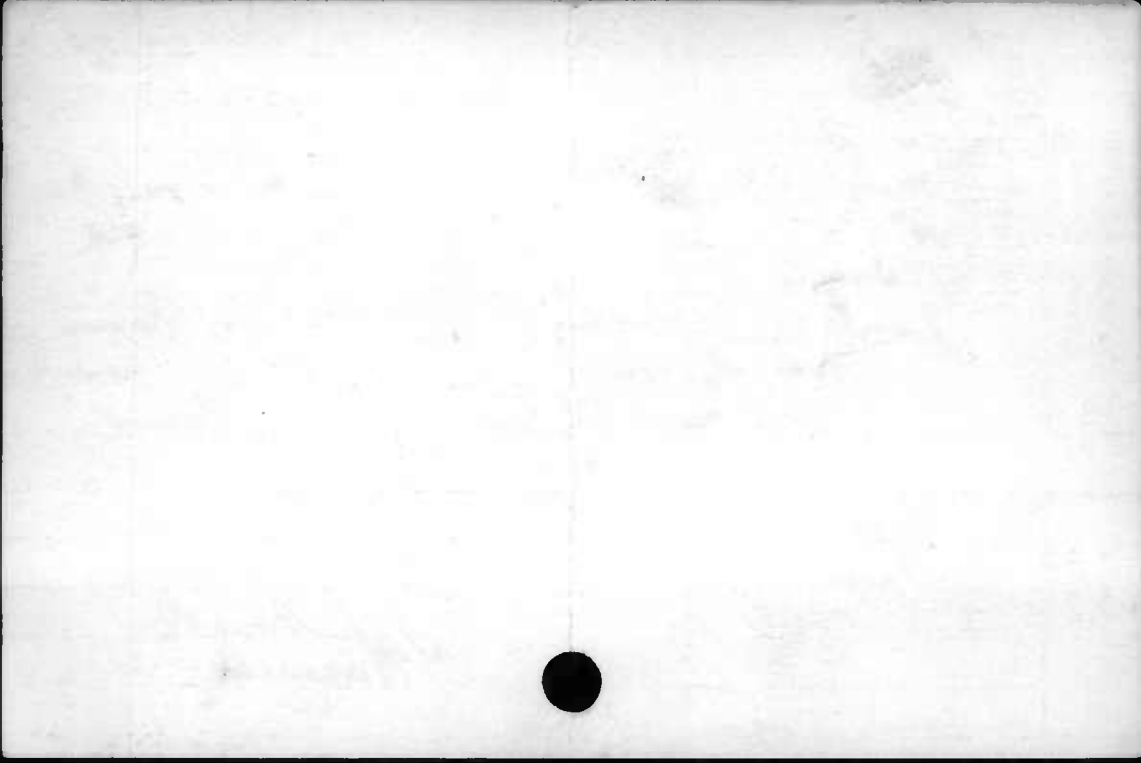
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

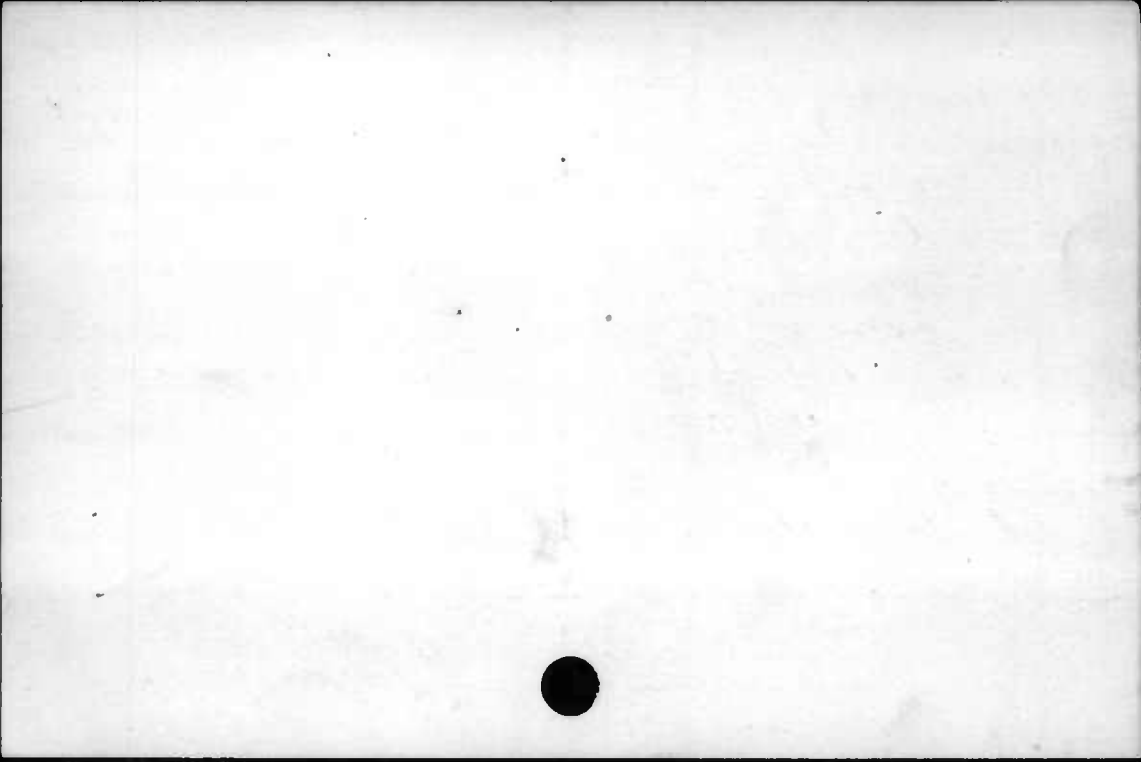
Primary <i>Pneumonia Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Septicemia</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>North Rock md</i>



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Henry St</i>		<i>Lynch</i> County		MARYLAND
	Date of death <i>1906</i>	Month <i>Feb.</i>	Day <i>14</i>	Age <i>61</i>	Months <i></i> Days <i></i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Theodore</i>	
	Occupation <i>Laborer</i>	Where Residing if not at place of death <i></i>			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>			
	Father's Name <i>William Lynch</i>	Father's Birthplace <i> Cecil Co Md</i>			
	Mother's Maiden Name <i>Rachel Johnson</i>	Mother's Birthplace <i>Cecil Co Md</i>			
	Name of person giving information <i>Mrs Chas E Thompson</i>	How related to deceased <i>Niece</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Heart</i>		How long <i>(19)</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. A. [Signature]</i>		
			Address <i>North [Signature]</i>		
	Accident or Suicide?				



Name in Full		James T McCollough				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Harwick		County Cecil		MARYLAND		
	Date of death	1906	Month Feb	Day 7	Age 74	Months 6	Days 8	
	Sex	Male		Color or Race	White American		Birth-place	Crownings Md
	Occupation	Harnessmaker			Where Residing if not at place of death			Harwick Md
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	James T McCollough				Father's Birthplace	not known	
	Mother's Maiden Name	Not known				Mother's Birthplace	not known	
Name of person giving information	Miss Amos Wilson				How related to deceased	Friend		
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Bronchitis				How long	3 weeks	
	Immediate	Pneumonia				How long	2 days	
	Are the name, age, sex, color, date and place correctly given above?				<div style="text-align: center;">(93)</div>			
	Signature of Physician				Sig. J. Wright Harwick Md			
	Address							
Accident or Suicide?				No.				





Name  
in  
Full

Margaret- Rebecca McCullough

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> North East <sup>County</sup> CecilDate of death 1906 <sup>Month</sup> Feb <sup>Day</sup> 15 <sup>Age</sup> 63 <sup>Years</sup> 9 <sup>Months</sup> 6 <sup>Days</sup>

Sex Female Color or Race White Birth-place Cecil County

Occupation Housewife Where Residing if not at place of death North East-

Married, Single or Widowed Married Name of Wife or Husband John W. McCullough

Father's Name Robert N. Hindman Father's Birthplace Cecil Co

Mother's Maiden Name Rachel M Hindman Mother's Birthplace Cecil Co

Name of person giving information John W. McCullough How related to deceased Husband

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

West-Nottingham

Name  
in  
Full

## CERTIFICATE OF DEATH

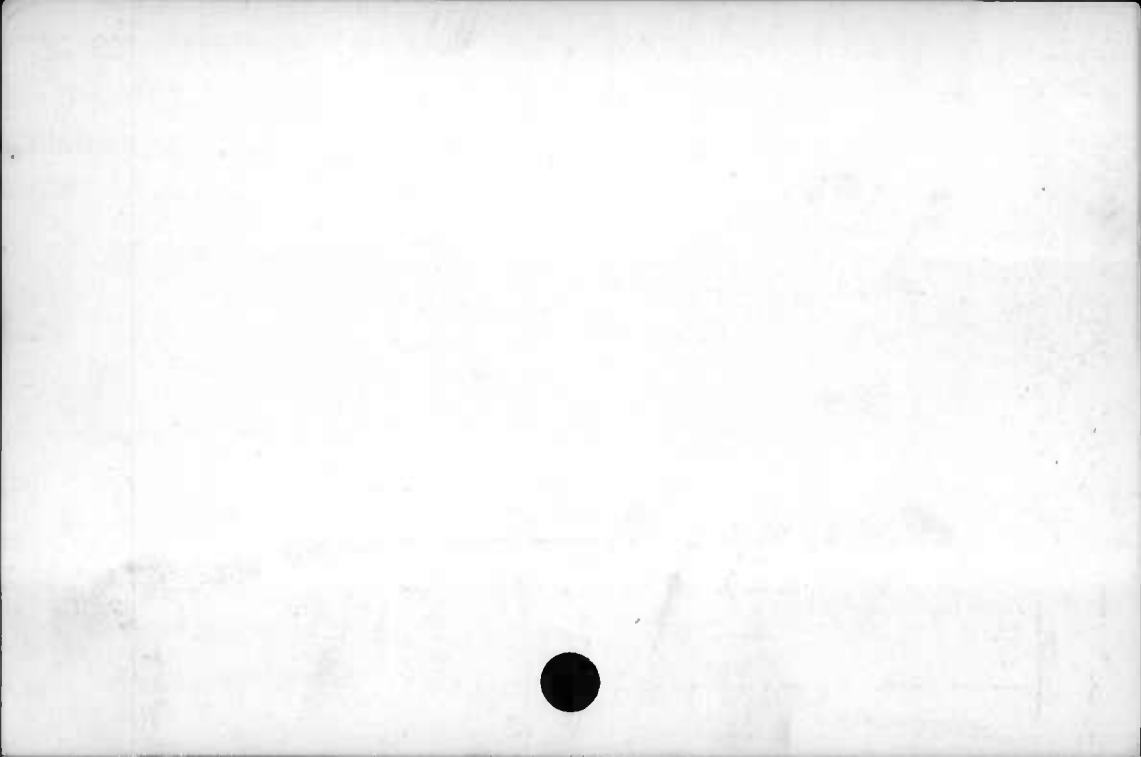
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>James H. Martin</i>		Town <i>Part-hesperis-</i>		County <i>Leecy</i>		MARYLAND			
Died at <i>Part-hesperis-</i>		Date of death <i>190</i>		Month <i>Feb</i>	Day <i>3</i>	Age <i>12</i>	Years <i>12</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birthplace <i>Part-hesperis</i>					
Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Father's Name <i>John Martin</i>		Father's Birthplace <i>Washington</i>							
Mother's Maiden Name <i>Grace C. Parris</i>		Mother's Birthplace <i>Washington</i>							
Name of person giving information <i>Wesley Martin</i>		How related to deceased <i>Brother</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright Disiacal</i>	How long <i>120</i>
Immediate <i>infection</i>	How long <i>6 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. P. Parris</i>
	Address <i>Cook Defoat</i>
Accident or Suicide?	



Name in Full <b>Annie Miller</b>		3rd Dist		CERTIFICATE OF DEATH	
Died at <b>Cherry Hill</b>		Town <b> Cecil</b>		County <b>MARYLAND</b>	
Date of death <b>1906</b>		Month <b>Feb</b>		Day <b>18</b>	
Age <b>50</b>		Years <b>50</b>		Months <b>—</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Ireland</b>	
Occupation <b>House Wife</b>		Where Residing If not at place of death			
Married, Single or Widowed <b>Married</b>		Name of <del>Wife</del> or Husband <b>Daniel Miller</b>			
Father's Name <b>Alexander Cassidy</b>		Father's Birthplace <b>Ireland</b>			
Mother's Maiden Name <b>Callahan</b>		Mother's Birthplace <b>11</b>			
Name of person giving information <b>Daniel Miller</b>		How related to deceased <b>Husband</b>			
CAUSES OF DEATH					
Primary <b>Diabetes Mellitus</b>		How long <b>3 years</b>			
Immediate <b>Cardiac Asthenia</b>		How long <b>1 week</b>			
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>C. J. Carrieco MD</b>			
Address <b>Cherry Hill</b>		<b>MD</b>			
Accident or Suicide?					

141



Name  
in  
Full

Rebecca Moore

## CERTIFICATE OF DEATH

Died at Near Cecil<sup>Town</sup>tonCecil<sup>County</sup>

MARYLAND

Date  
of death 1906Month  
2Day  
4Age  
56Months  
—Days  
—

Sex Female

Color or  
Race

Black

Birth-  
place

Cecil Co, Md.

Occupation

House Wife

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Perry Wilson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Annie M. Williams

Mother's  
Birthplace

Md

Name of person giving  
Information

Philip Wilson (14)

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

48 Hours

Immediate

"

"

"

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

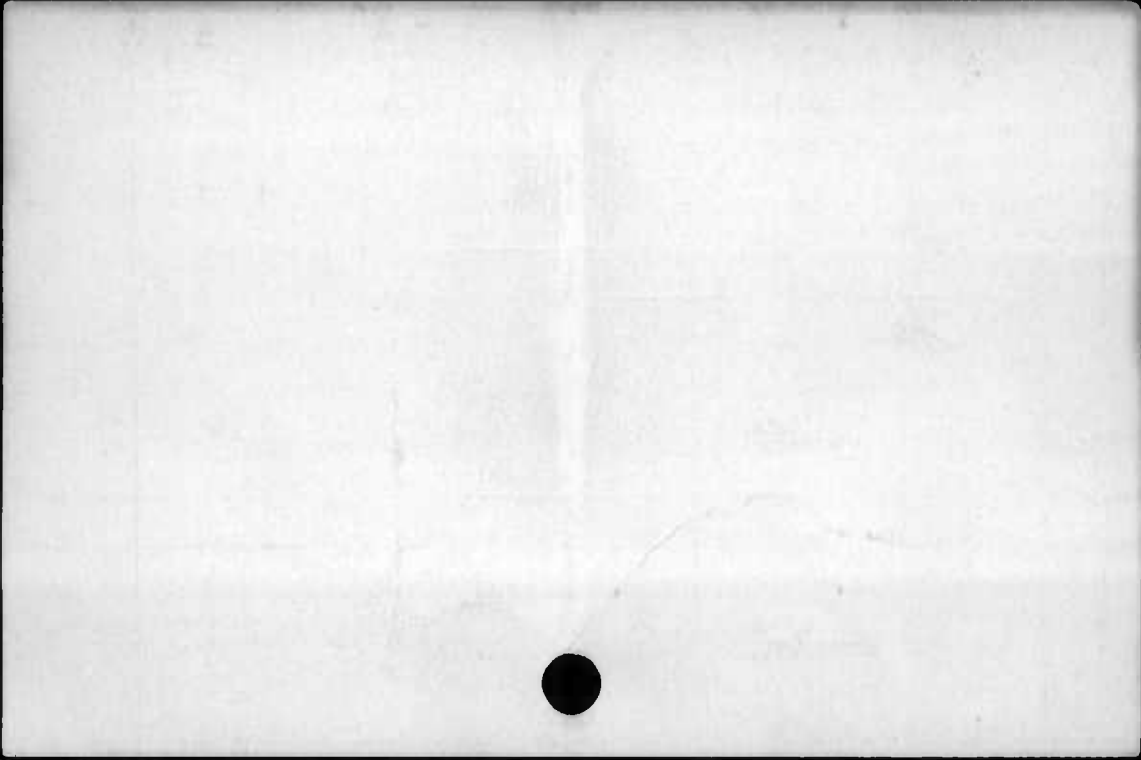
E. M. Crawford

Address

Cecilton Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Samie F. Pierce

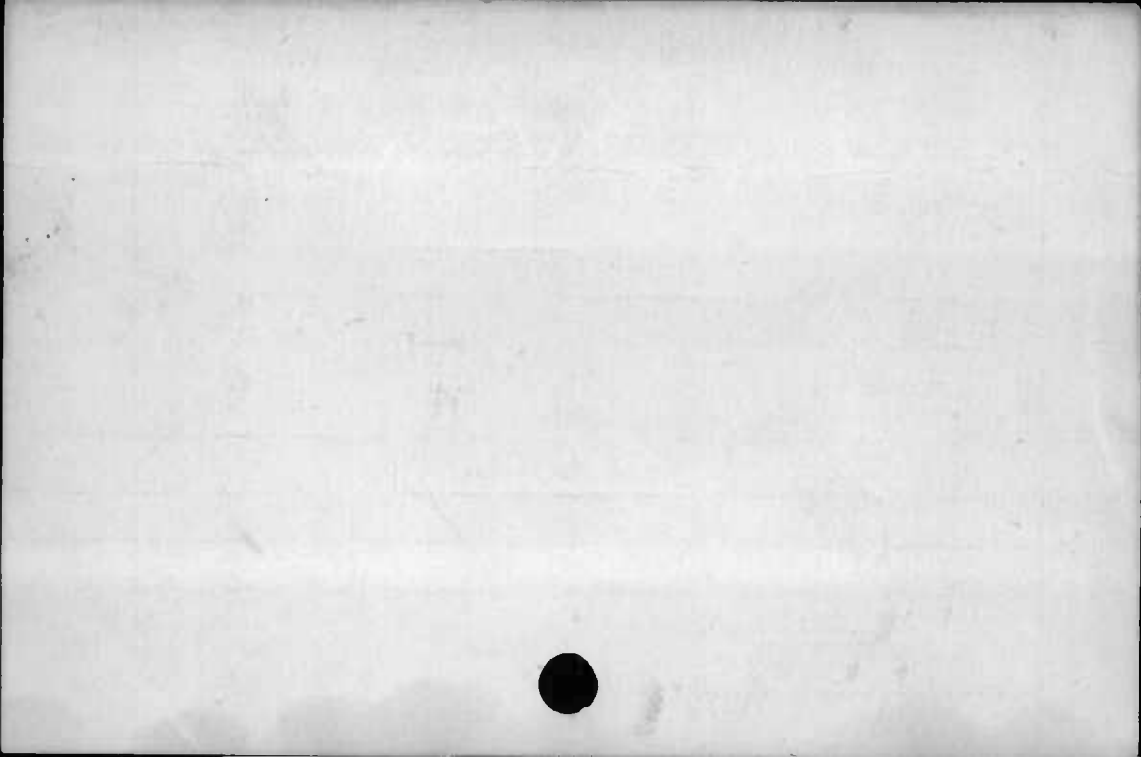
6 Dist  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brimley, Tenn.</u>		Town <u>Basil</u>		County		MARYLAND	
Date of death <u>1906</u>		Month <u>July</u>	Day <u>1</u>	Age <u>67</u>	Years	Months <u>2</u>	Days <u>3</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>York Co Pa</u>			
Occupation <u>Farmer</u>				Where Reading if not at place of death <u>Brimley, Tenn.</u>			
Married, <del>Single</del> <u>Married</u>		Name of Wife or <del>Husband</del> <u>Rebecca Pierce</u>					
Father's Name <u>William Pierce</u>				Father's Birthplace <u>York Co Pa</u>			
Mother's Maiden Name <u>Rebecca Combs</u>				Mother's Birthplace <u>" " "</u>			
Name of person giving information <u>Geo L Pierce</u>				How related to deceased <u>Son</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cancer of Stomach,</u>	How long <u>Two years</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr J B Stein</u>
	Address <u>Brimley, Tenn.</u>
Accident or Suicide?	

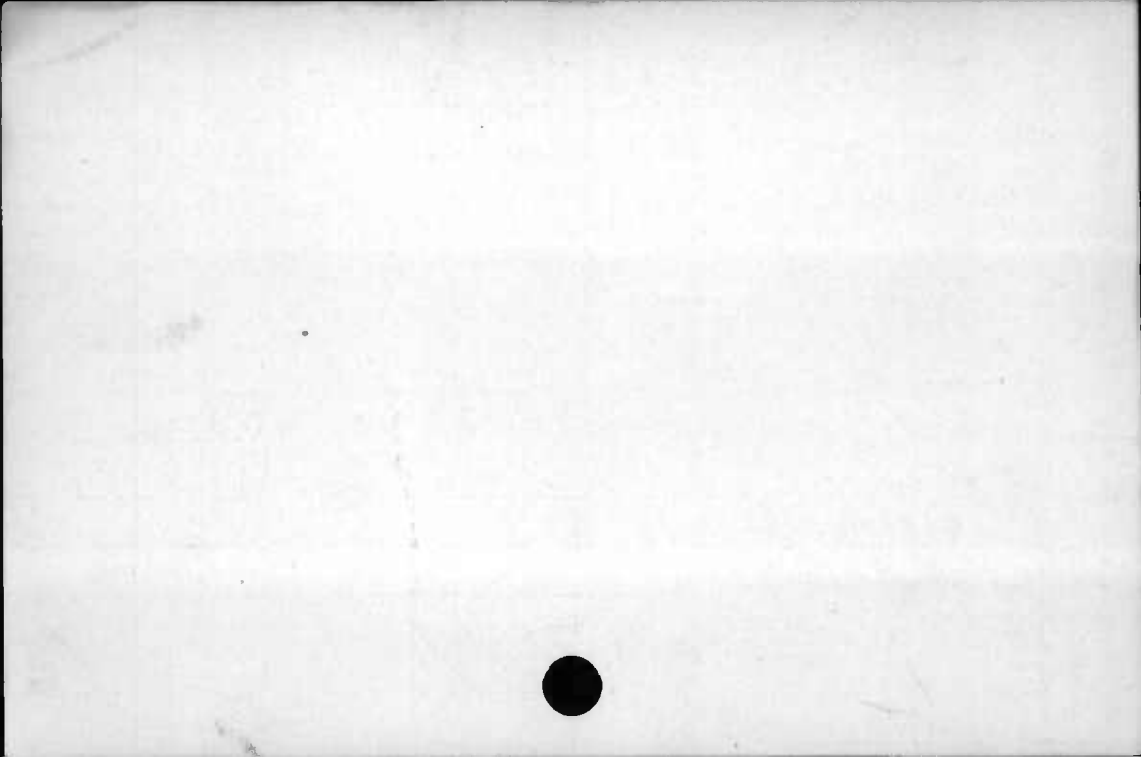


Name in Full		Kate C. Redifer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cherry Hill	County Cecil Co.		MARYLAND	
	Date of death	1906	Month Febr.	Day 23	Years 20	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	No occupation		Where Residing if not at place of death		Cherry Hill, Md.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	William Redifer				Father's Birthplace	Pa.
Mother's Maiden Name	Hazel Dick				Mother's Birthplace	Md.	
Name of person giving information	Geo. Matney				How related to deceased	Not related	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Epileptic convulsions			How long	2 years.
	Immediate					How long	"
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	Chas. F. Miller	
					Address	North East - Md.	
	Accident or Suicide?						

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Name in Full		Harry Reed.				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Date of death		Month	Day	Years	Months	Days	
		Sex		Color or Race		Birth-place			
		Occupation				Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband					
		Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
		Name of person giving information				How related to deceased			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Premature Birth				How long	
		Immediate						How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician			
						Address			
		Accident or Suicide?							



Name  
in  
Full

Rachel Townsend Riley

64 years

## CERTIFICATE OF DEATH

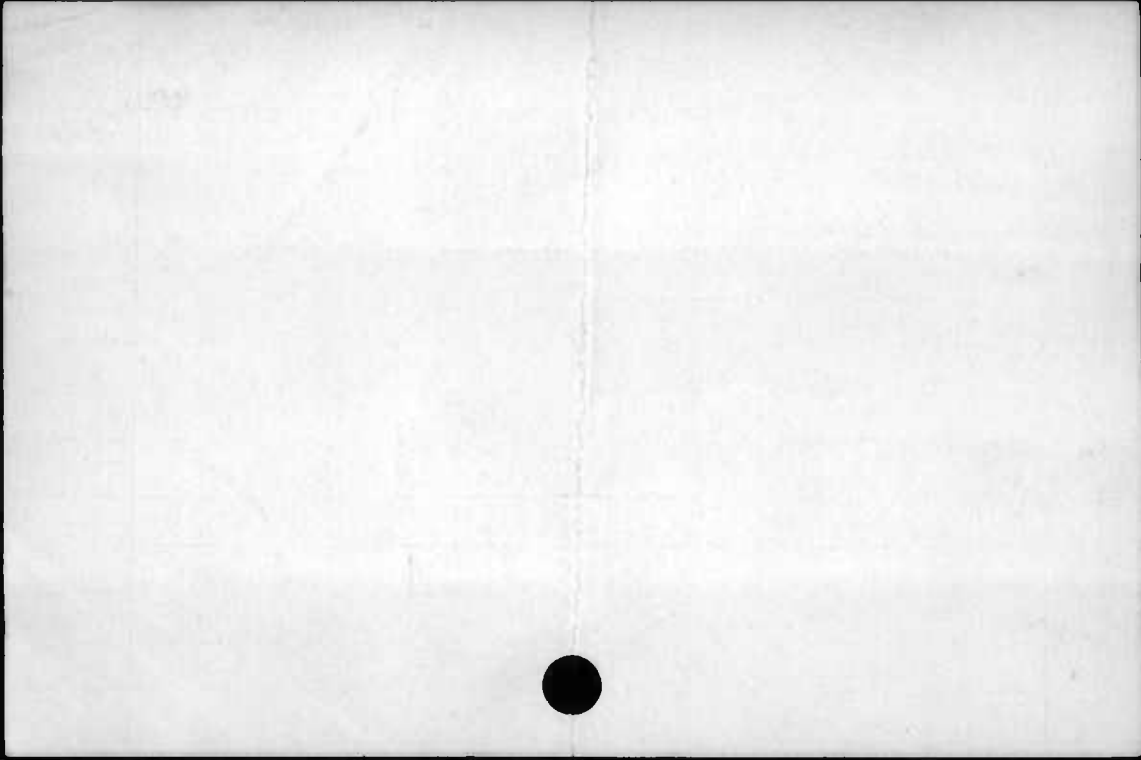
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Coloma		County Cecil		MARYLAND	
Date of death		1906	Month Feb.	Day 18 <sup>th</sup>	Age Sunday	Years Eighty	Months Two
Sex Female		Color or Race White		Birth- place Milford Delaware		Days Ten	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Thos. P. Riley			
Father's Name		Stephen Williams				Father's Birthplace Milford Del.	
Mother's Maiden Name		Nancy Kersey				Mother's Birthplace " "	
Name of person giving In formation		T. B. Riley				How related to deceased Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Gastritis	How long	4 weeks
Immediate	(Exhaustion)	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Ernest Rowland	
		Address Liberty Grove Md	
Accident or Suicide?			





Name  
in  
Full

Rev. Sylvanus Townsend

## CERTIFICATE OF DEATH

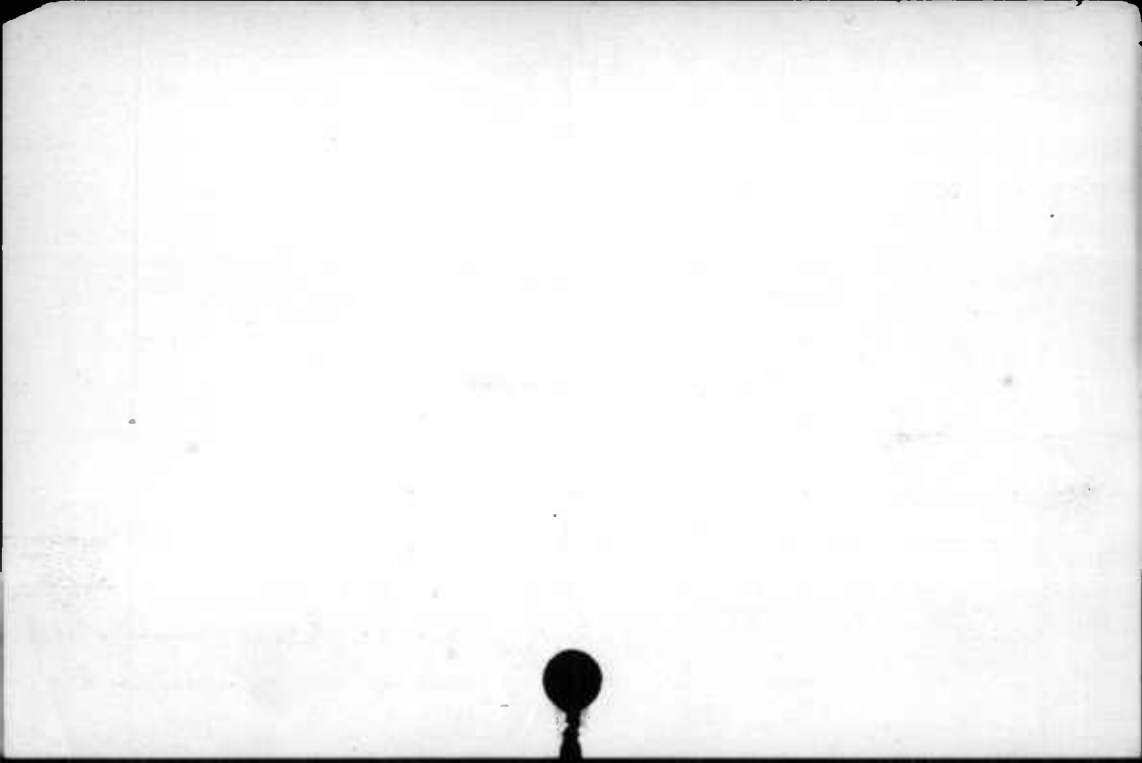
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cuyot</i> Town			County <i>Cecil</i>			MARYLAND	
Date of death	1906	Month	2	Day	1	Years	68
Sex <i>Male</i>			Color or Race <i>White</i>			Birthplace <i>Maryland</i>	
Occupation <i>Superintendent Minister</i>			Where Residing if not at place of death <i>on Bohemian Manor</i>				
Married, Single or <i>Widowed</i>			Name of Wife or Husband <i>A Margaret Townsend</i>				
Father's Name <i>William Townsend</i>			Father's Birthplace <i>Ms</i>				
Mother's Maiden Name <i>Ann Maria Benson</i>			Mother's Birthplace <i>do</i>				
Name of person giving information <i>Dr. Townsend</i>			How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart Lesion</i>	How long	<i>2 Years</i>
Immediate	<i>x</i>	How long	<i>x</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. P. Karones</i>	
		Address <i>Cherryfield, Cecil, Md</i>	
Accident or Suicide?			



Name  
in  
Full

Unknown man

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at North East

County Cecil

Date of death 1906 Feb

Day 27

Age 50?

Months

Days

Sex male

Color or Race

white

Birth-place

✓

Occupation

✓

Where Residing if not at place of death

✓

Married, Single or Widowed

✓

Name of Wife or Husband

✓

Father's Name

✓

Father's Birthplace

✓

Mother's Maiden Name

✓

Mother's Birthplace

✓

Name of person giving information

✓

How related to deceased

✓

## CAUSES OF DEATH

Primary

How long

Immediate

Heart Failure

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How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

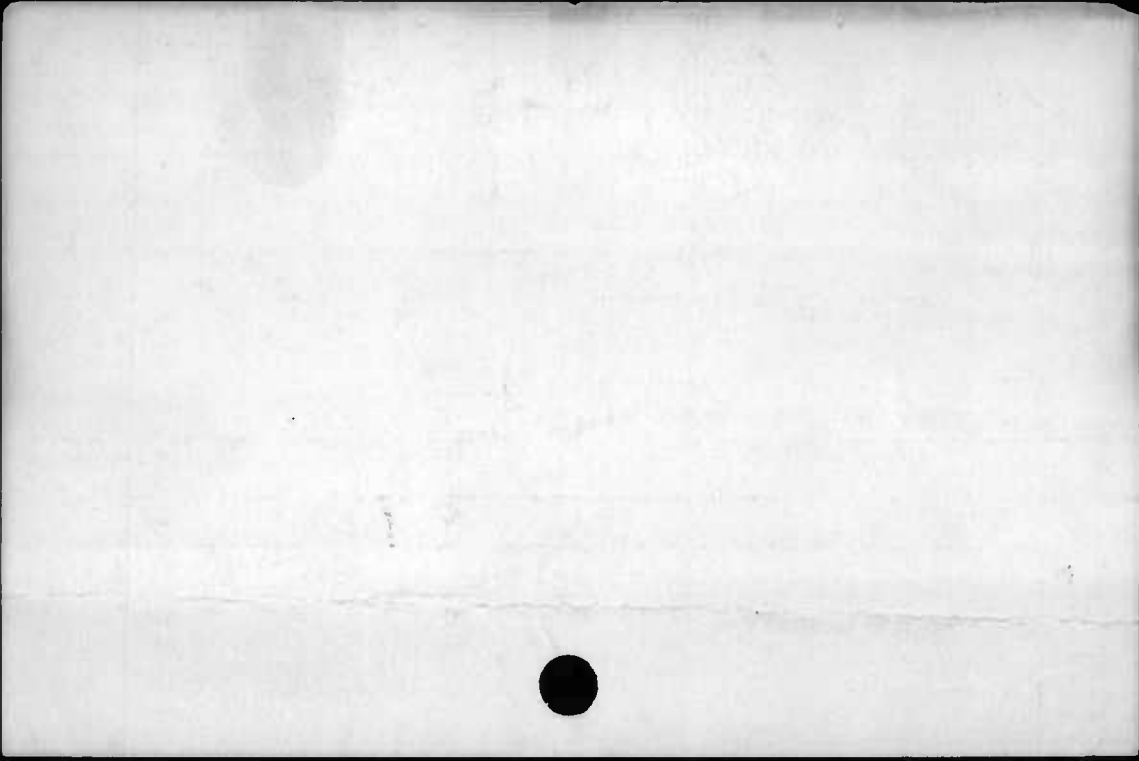
Address

Ricketts Kelson  
Coroner of Cecil Co.  
Elkton, Md

Accident or Suicide?

Accident

PHYSICIAN  
OR CORONER



Name  
in  
Full

William E. Ward

## CERTIFICATE OF DEATH

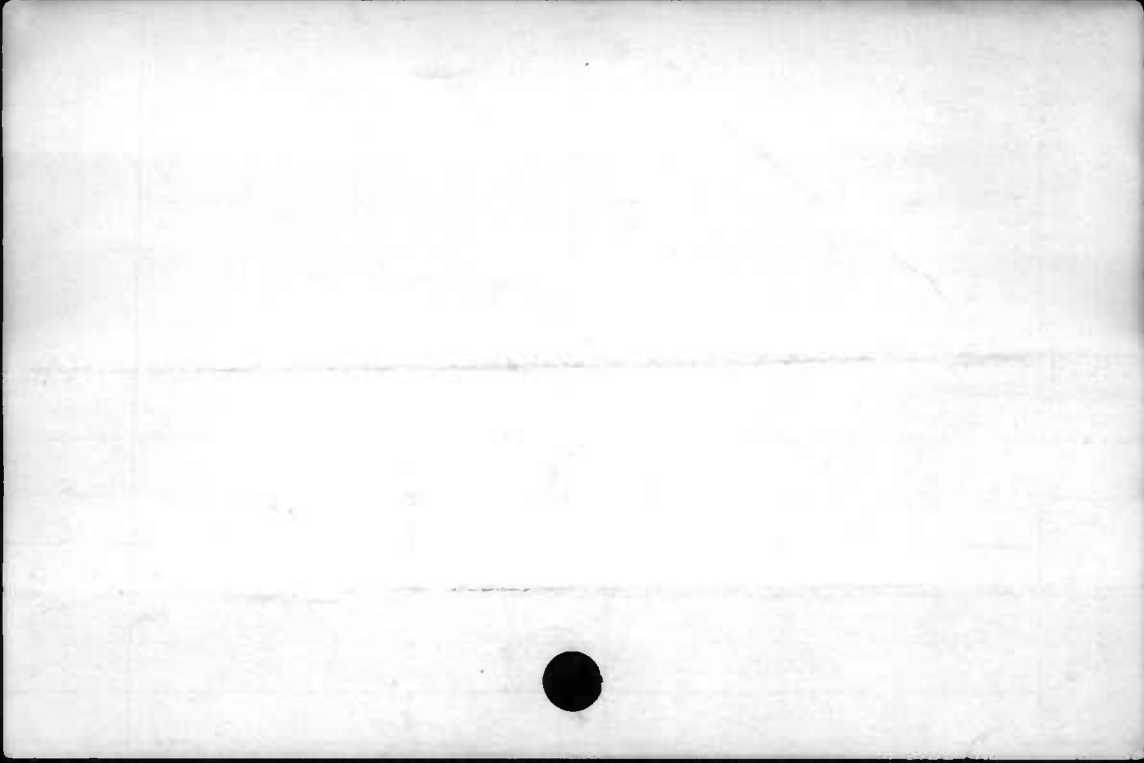
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1904		Month	Day	Age	Years	Months	Days
4		Feb	15	18	18	10	20
Sex		Color or Race		Birth-place			
Male		White		Harford Co.,			
Married, Single or Widowed		Occupation					
Single							
Name of Wife or Husband							
Father's Name				Father's Birthplace			
John E. Ward				Cecil Co.,			
Mother's Maiden Name				Mother's Birthplace			
Mary C. Calvert				Cecil Co.,			
Name of person giving information				How related to deceased			
John E. Ward				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long
Immediate	Lung	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
		H. Ross
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Alfred B. White*

Died at *Port Deposit* <sup>town</sup> *Beall* <sup>County</sup>

DATE of death *1906* <sup>Month</sup> *February* <sup>Day</sup> *24* <sup>Years</sup> *Age 55* <sup>Months</sup> <sup>Days</sup>

Sex *male* Color or Race *white* Birth-place *Maryland*

Occupation *✓* Where Residing if not at place of death *Port Deposit, Md*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Clinton J. White* Father's Birthplace *Va*

Mother's Maiden Name *Barbara Dennison* Mother's Birthplace *Md*

Name of person giving information *L. G. White* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

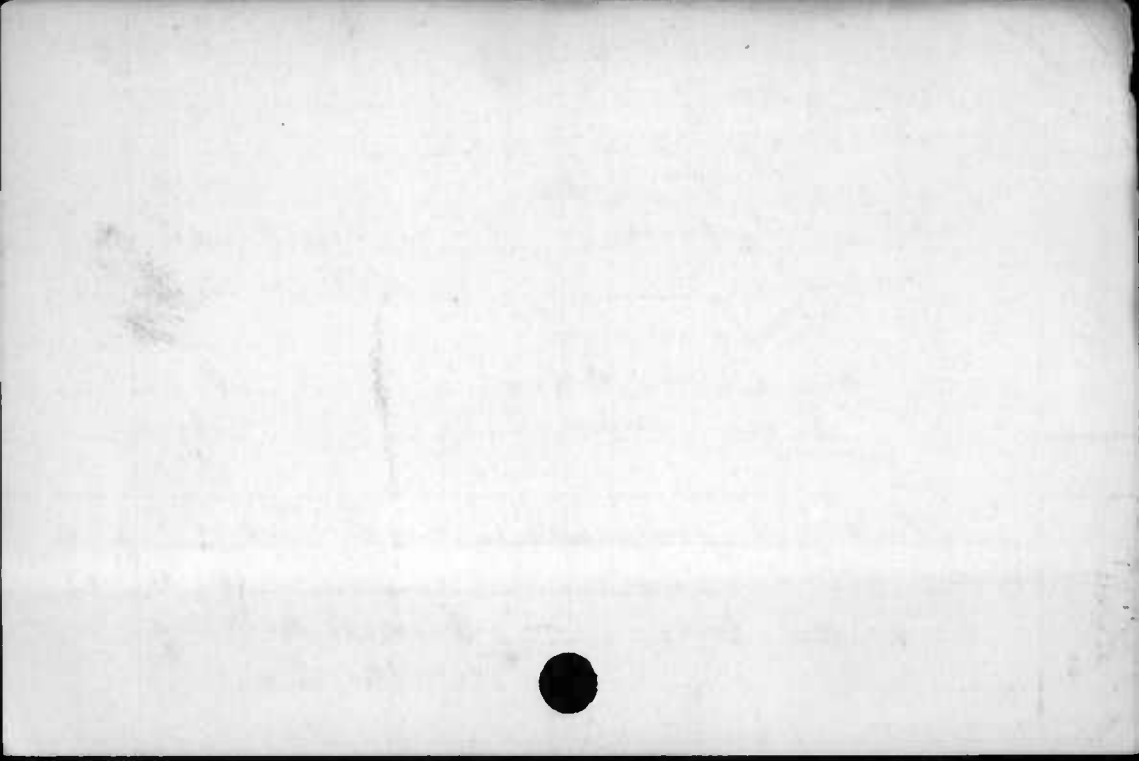
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Jerry Wilson</i>		Town <i>Cherry Hill</i>		County <i>Cecil</i>		MARYLAND	
Died at							
Date of death <i>1904</i>		Month <i>Febr.</i>	Day <i>4</i>	Years <i>65</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>Wool.</i>		Birth-place <i>Md.</i>			
Occupation <i>Farm Laborer</i>		Where Residing if not at place of death <i>Alms-house</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Do not know</i>					
Father's Name <i>Do not know</i>		Father's Birthplace					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace					
Name of person giving information <i>John Matoney</i>		How related to deceased <i>No</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Fatty degeneration heart</i>	How long	<i>About 2 yrs.</i>
Immediate		How long	<i>" " "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Chas. H. Miller</i>	
		Address <i>North East</i>	
Accident or Suicide?			

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Name  
in  
Full

William, A. Wright - 3 dist

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elkton</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>Feb</i>		<i>19</i> <sup>Day</sup>	<i>54</i> <sup>Years</sup>	<i>0</i> <sup>Months</sup> <i>0</i> <sup>Days</sup>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Merchant</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>Allison R Wright</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Eliza J. Pulech</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Mrs Wright</i>		<i>(40)</i>		How related to deceased <i>Wife</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer of stomach</i>	How long <i>2 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Arthur Mitchell MD</i>
	Address <i>Elkton Ind.</i>
Accident or Suicide? <i>—</i>	

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